



Southcoast Healthy Housing & Workplace Initiative

Final Report



Public Policy Center

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Southcoast Healthy Housing and Workplace Initiative is a project of:



YMCA SOUTHCOAST

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1.0 PROJECT OVERVIEW

Since the first Surgeon General's report on smoking and health in 1964, hundreds of reports have concluded that tobacco use is the single most preventable cause of disease, disability, and death in the United States. The Centers for Disease Control and Prevention (CDC) estimates that 42.1 million adults in the United States smoke cigarettes, even though this single behavior will result in death or disability for half of all regular smokers.¹ Cigarette smoking is responsible for about one out of every five deaths each year and more deaths are caused by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.² Paralleling this enormous health toll is the economic burden of tobacco use: more than \$96 billion per year in medical expenditures and another \$97 billion per year resulting from lost productivity.

But it is not only smokers who pay the price; an estimated 3,400 non-smoking Americans die of lung cancer and 49,000 die of heart disease primarily because of exposure to secondhand smoke. The CDC also estimates that 150,000 to 300,000 children younger than 18 months of age have respiratory tract infections because of exposure to secondhand smoke.³

1.1 SOUTHCOAST HEALTHY HOUSING AND WORKPLACE INITIATIVE

The SouthCoast Healthy Housing and Workplace Initiative (SCHHWI), a project of YMCA Southcoast and Voices for a Healthy SouthCoast, seeks to improve heart and lung health in Fall River, New Bedford, and Wareham, Massachusetts by promoting smoke-free public and subsidized housing, worksites, and mental health and substance use treatment facilities. The two-year initiative was funded by the Centers for Disease Control's (CDC) Community Transformation Grant (CTG) and authorized by the Affordable Care Act. Voices for a Healthy Southcoast, an organization that seeks to build and support healthy lifestyles in SouthCoast communities, was the initiative's grant applicant.



SCHHWI collaborated with over 40 SouthCoast partners over the two-year project period. These partners represent a broad-range of public health, faith-based, and community organizations that offer a variety of health and wellness services (see Table 1).⁴ In addition to the day to day efforts of SCHHWI staff, the project was guided by a Leadership Team of over 40 individuals who met quarterly at YMCA Southcoast to discuss the initiative's progress in meeting its goals.⁵ These members were also divided into Tobacco Cessation and Communications committees that met more frequently.

Table 1

Partner Type	Number
Behavioral Health	6
Community Coalition	1
Community Health Center	3
Public Health	4
Cultural/Ethnic	1
Developmental Disabilities	1
Healthcare	4
Education	1
Faith-Based	2
Government	1
Mental Health Center	1
Private Employer	4
Private Multi-Unit Housing	10
Public Housing	2
Youth Prevention	1

¹ Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005–2012. *Morbidity and Mortality Weekly Report* 2014;63(02):29–34 [accessed 2014 Sept 15].

² Centers for Disease Control and Prevention. QuickStats: Number of Deaths from 10 Leading Causes—National Vital Statistics System, United States, 2010. *Morbidity and Mortality Weekly Report* 2013;62(08):155. [accessed 2014 Feb 6].

³ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2014 Apr 24].

⁴ The complete list of partners can be found in Appendix A.

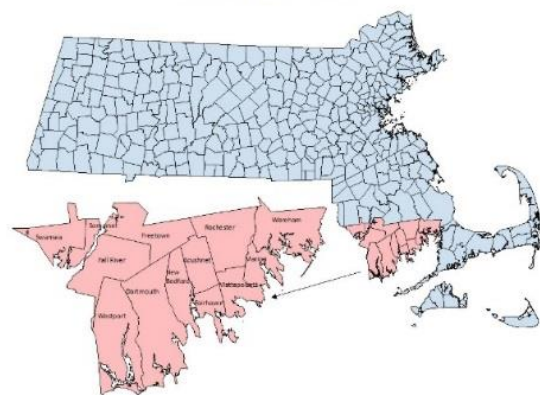
⁵ See Appendix B for a list of Leadership Team members.

1.2 SOUTHCOAST REGION

SouthCoast Massachusetts includes 13 cities and towns in Southeastern Massachusetts. The region has a population of 340,312, with Fall River and New Bedford, the region's two cities, accounting for 54.1% of the total. Overall, the cities continue to lag the region in most socioeconomic metrics, including lower levels of educational attainment, higher poverty levels, and higher unemployment, although many of the region's towns also struggle with these issues when compared to state averages.

Figure 1

SouthCoast Massachusetts



The Southcoast has always been an attractive place to settle for immigrants. Over fourteen percent (14.3%) of residents in the region are foreign-born, which is just under the statewide average of 14.7%. New Bedford (19.7%) and Fall River (19.1%) have the highest percentage of foreign-born residents in the region.

The racial makeup in the Southcoast is changing; from 2000 to 2010 the minority population increased by 5.6 percentage points region-wide, 8.2 percentage points in Fall River, and 11.0 percentage points in New Bedford. Hispanics account for a significant portion of this change; the number of Hispanics increased by 7.3 percentage points region-wide from 2000 to 2010, and by 4.1 percentage points in Fall River and 6.5 percentage points in New Bedford. Both cities also contain pockets of undocumented immigrants, including South and

Central Americans in New Bedford, although estimates vary widely as to the size of these groups.

The link between health outcomes and socioeconomic background is well documented. A person's race, income, educational attainment, and other social determinants are among the best predictors of health status.⁶ (Center for Disease Control 2012). On average, individuals who are poor, less educated, and a racial or ethnic minority have lower levels of health in comparison to their counterparts with higher incomes, higher levels of education, or who are white. These factors place unique stresses on health systems, particularly those operating in urban areas (Fox 2004).⁷

The change in the region's racial and ethnic makeup over the past three decades, particularly the number of Hispanics, has required the region's health providers and community organizations to refocus on a different cultural population that has specific needs and cultural attitudes toward health. SCHHWI has taken the lead in improving the health and well-being of residents by engaging community partners that understand these populations and environments, including housing authorities, community health centers, and behavioral health centers.



⁶ Centers for Disease Control and Prevention. "CDC Health Disparities and Inequalities Report- United States 2012." U.S. Department of Health. June 2012. Vol. 60.

⁷ Fox, Claude, and Thomas G. Morford, Amy Fine, Chris Gibbons. "The Johns Hopkins Urban Health Institute: A Collaborative Response to Urban Health Issues." *Academic Medicine*. 2004;79:1169–1174.

1.3 SCHHWI STRATEGIC GOALS AND OUTCOMES OBJECTIVES

The SouthCoast Healthy Housing and Workplace Initiative tackled some of the region's biggest health challenges - heart and lung disease. The primary focus was to reduce regional health disparities by targeting health problems that disproportionately affect low-income residents and by creating a pipeline of community resources to focus on populations with the greatest disease burden.

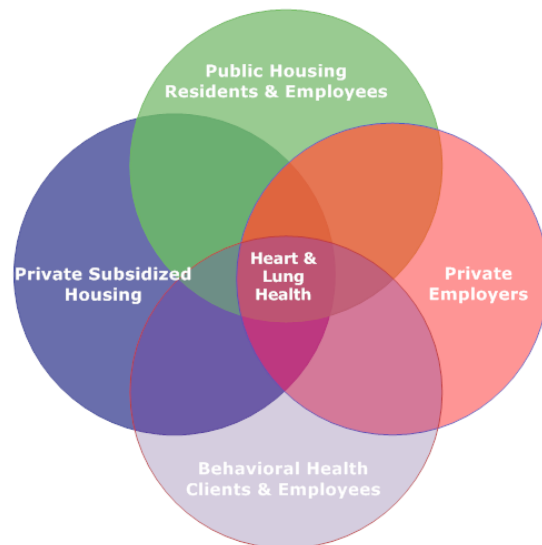
SouthCoast residents trail their counterparts statewide on many health metrics, particularly in terms of health behaviors and outcomes. For example:

- Almost one-fifth of Southcoast residents report having fair or poor health: 27.5% in Fall River, 24.9% in New Bedford, 18.4% in Greater Fall River, and 21.8% in Greater New Bedford, compared to just 14.0% statewide.
- At the outset of the grant, New Bedford and Fall River residents smoked at a rate 70 percent higher than the statewide average.
- Fall River and New Bedford residents die from heart disease at a rate 20 percent higher than the state average.
- In terms of smoking, trouble maintaining a healthy weight, and being diagnosed with high blood pressure or high cholesterol, the region's minority and low income groups are disproportionately affected even when compared to the same population groups statewide.
- The prevalence of asthma in the Southcoast, often an outcome of smoking and secondhand smoke, is much higher than it is statewide, and hospitalization rates for asthma have been increasing since 2000.

The overarching outcome of the initiative to address these health issues and health disparities is to increase opportunities for good health while decreasing the opportunities for tobacco use among four primary target groups (see Figure 2):

1. Public Housing Authorities: residents and employees
2. Behavioral health centers: clients and employees
3. Privately owned subsidized multi-unit housing residents
4. Regional employers

Figure 2
Four Primary Target Groups



The project team developed four strategic goals to measure success in achieving this result. Based on these strategic goals, the SCHHWI activities focused on ten core outcome objectives, which are highlighted in subsequent sections. The strategic goals include:

- Strategic Goal 1: Increase smoke-free multi-unit housing policies in Fall River, New Bedford and Wareham.
- Strategic Goal 2: Increase the number of smoking residents in public and low income housing who make a quit attempt.
- Strategic Goal 3: Increase the number of referrals for smoking cessation among behavioral health clients.
- Strategic Goal 4: Identify one or more healthy eating/active living goals among housing authority and behavioral health sites.

2.0 PUBLIC HOUSING AUTHORITIES

The Fall River, New Bedford, and Wareham Housing Authorities serve approximately 5,200 federal and state aided housing units and an additional 3,500 federally-funded rental vouchers. In all, the three housing authorities assist nearly 20,000 Southcoast residents in securing affordable housing. They also employ over 200 employees who reside throughout the region.

2.1 Goals

A primary goal of SCHHWI is to encourage public housing authorities to establish smoke-free policies for the units they own and manage and to increase the percentage of residents and employees who want to quit, plan to quit, and try to quit smoking. Specifically:

- Goal 1. By September 30, 2014, at least 60 percent of public housing units across Fall River, New Bedford, and Wareham will be smoke-free.
- Goal 2. By September 30, 2014, there will be a 16% increase in residents in and employees of Fall River, New Bedford and Wareham housing authorities who want to quit, plan to quit, and tried to quit smoking.

2.2 Activities: Programming, Outreach, and Referrals

SCHHWI staff, Wellness Coordinators, and Wellness Champions provided a variety of programming and outreach in public housing developments throughout the two-year project period. Examples include:

Programming

- Healthy Kids Klub (see sidebar to right) was held onsite at several developments to **promote healthy eating and physical activity habits** at home among children age 6 to 12.
- Senior Fitness/Walking Groups were held at Caroline Street and Tripp Towers. An average of six to ten seniors **participated in six weekly exercise groups and walking clubs** that also included handouts on various health education topics from chronic health diseases, physical fitness, and nutrition and tobacco cessation.

PROGRAM FOCUS HEALTHY KIDZ KLUB



Healthy Kids Klub was created to raise awareness about a Healthy Eating/Active Living lifestyle among youth of public multi-unit housing communities. SCHHWI provided education on the use of tobacco products, drugs, alcohol, and other forms of abuse. The program stressed the importance of daily physical activity and eating well. At each HEALthy Kids Klub meeting, youth were provided a healthy snack, plenty of water to drink, an arts and crafts project, and a physical activity. There was also lots of dialogue between the adult volunteers and the kids about healthy choices for food, friends, relationships, and exercise.

HEALthy Kids Klub made a significant impact on both youth and adults. Parents who smoked learned to respect no-smoking boundaries, signage, and the program's motto of "Young Lungs at Play." The kids learned to police their own events and to remind adults who were smoking that they were not allowed to smoke during a HEALthy Kids Klub event. Parents eventually stayed at HEALthy Kids Klub events and participated in activities with their children.

The program helped to transform the culture of the developments it served by raising awareness about tobacco use and smoking behavior, providing youth with education in a safe and healthy environment, forging new friendships and strengthening family relationships, and allowing children to try new and healthy foods and to express themselves through discussions, art, and movement.

- New Bedford Housing Authority Weight Loss Challenge **promoted worksite wellness for NBHA employees** by offering an eight week team weight loss challenge (see below). Forty-eight staff participated in the program, which also included information related to various health education topics such as chronic health disease, physical fitness, and nutrition and tobacco cessation.

PROGRAM FOCUS WEIGHT LOSS CHALLENGE



The New Bedford Housing Authority Employee Weight Loss Challenge was held over eight weeks in the spring of 2014. Weigh-ins were conducted weekly by SCHHWI staff at various locations. All participants received a binder in the first week and different health topics were added to the binder each week. Participants also received fitness training and nutrition education.

The individual Grand Prize was \$250 cash for the person with the highest percentage of weight loss. The team Grand Prize was a half day off, which was awarded to the team with the highest percentage of weight loss. Second prize was a \$75 gift card and a one month membership to the New Bedford YMCA, and third prize was a \$50 gift card.

There were also weekly prizes: each week, an employee who lost the most weight was entered into a raffle for a Fitbit Flex to be drawn at the end of the program. Weekly raffles were also chosen at random for small prizes.

- Senior Whole Health **offered free cessation and nicotine replacement therapies** to eligible participants.
- SouthCoast RAPPP **promoted youth engagement in tobacco prevention education and advocacy**. Wellness Champions met with local youth ages 13 to 17 bi-weekly to discuss healthy life choices, tobacco and substance use prevention, and ways to better their communities.



- SCHHWI offered **onsite tobacco cessation programs** at various public housing developments and made over 60 direct referrals to Greater New Bedford Community Health Center's Tobacco Treatment Program and QuitWorks.
- Attorney Chris Banthin, of the *Public Health Advocacy Institute*, and Program Director of the Tobacco Control Resource Center, **offered technical assistance** to the NBHA Executive Director and staff regarding the implementation of a smoke-free policy.
- Along with substantial promotion and advertising, SCHHWI began **offering tobacco treatment groups and exercise, nutrition, and diabetes support** in various housing facilities in Fall River.
- SCHHWI **created two televised broadcasts** describing the initiative and tobacco issues in the weekly show "Inside Fall River."
- Young people from the SSTAR Youth Group /BOLD Coalition for Prevention of Substance Abuse came together and collaborated with SCHHWI staff to **film public service announcements for Television**.

- SCHHWI inducted ten former smokers into the Ex-smokers' Hall of Fame at White's Restaurant on November 21, 2013, the date of the Great American Smoke-Out. Each member was awarded a certificate and asked to share their stories (see below).



- SCHHWI staff facilitated resident Information sessions at various public and private multi-unit developments. On average, 10 to 15 residents attended these sessions. Healthy snacks were served and various health education topics were discussed, such as chronic health diseases, physical fitness, nutrition, and tobacco cessation.
- Community health fairs through the Southcoast Health Van were held on-site at various NBHA developments to increase availability and access to smoking cessation resources, educate residents about the harmful effects of smoking and second hand smoke, reduce smoking/second hand smoke exposure, and to encourage existing laws related to smoke free environments.



- SCHHWI Champions and Wellness Educators went door to door to inform and provide residents with smoking cessation resources. Residents were asked to complete a questionnaire that asked if a resident in the household smokes and if smokers were interested in quitting or decreasing the amount they smoke. Referrals were made to GNBHC Tobacco Treatment Program.

2.3 Outcomes

Policy Outcomes

The New Bedford Housing Authority (NBHA) enacted a no-smoking policy that went into effect on January 1, 2014. This policy affects over 2,500 households and approximately 5,000 residents. The Wareham Housing Authority implemented a no-smoking policy for new tenants. Lastly, the Fall River Housing Authority (FRHA) continues to host discussions about implementing a smoke-free policy in 2015.

SUCCESS STORY

Rosa is 51 years old and resides in public housing. She started smoking at the age of 12 and smoked up to one pack per day. Rosa had a variety of health conditions related to smoking and was hospitalized for 10 days with pneumonia. After her release from the hospital, Rosa's daughter told her that she needed her mom to stay healthy to watch her grandchildren grow to create new and loving family memories. At that point, Rosa realized that she wanted to live the best life she could for herself and her family, and she set her mind to quit smoking.

Rosa inquired about the Tobacco Cessation programing offered at the New Bedford Housing Authority, received cessation education, and decided to take advantage of services offered at the Greater New Bedford Wellness Connection Program. She met with a Tobacco Treatment Specialist and was prescribed an NRT 7mg patch. Rosa has been smoke-free for 4 months, she is breathing better, living a happier healthier lifestyle, and is looking forward to many more years enjoying time with her family.

Behavioral Outcomes

A key SCHHWI activity was to measure the success of its interventions by establishing a baseline of smoking behaviors and attitudes among public housing residents and public housing employees and measuring change over time through a midpoint and project-end survey.

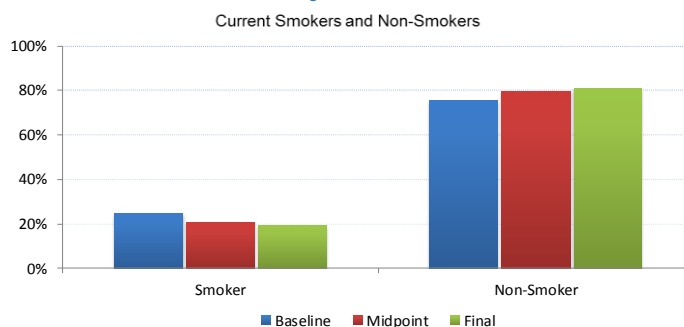
Resident Survey⁸

Over 5,000 NBHA and FRHA households were surveyed throughout the project period to measure the success of SCHHWI's interventions.

Tobacco Use Current Smoking Habits

Current smokers are defined by the Centers for Disease Control and Prevention as those who smoked at least 100 cigarettes during their lifetimes and, at the time of survey, reported smoking every day or some days. Applying this definition, 19% of residents report they smoke, which compares to 25% in the baseline, a 6% decline (see Figure 3). For comparison, the latest data (2013) from the Behavioral Risk Factor Surveillance System (BRFSS) reports that overall, 33% of residents in Fall River and 20% of residents in New Bedford smoke, which compares to about 17% statewide.

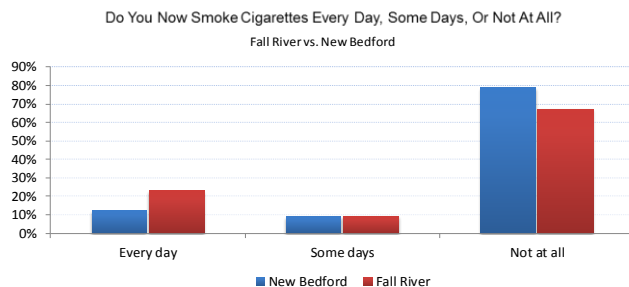
Figure 3



⁸ See "Smoking Behavior and Attitudes Among Public Housing Residents, Final Report" for the full results. Available at <http://publicpolicycenter.org/portfolio-item/smoking-behavior-and-attitudes-among-public-housing-residents-in-southcoast-massachusetts/>.

The decline in smoking rates from the baseline may be attributable to the NBHA smoking ban and initiatives by SCHHWI. For example, 79% of NBHA residents report they do not smoke, compared to 67% of FRHA residents, where there is not a smoking policy (see Figure 4). Still, the percentage of FRHA residents who do not smoke also increased considerably from the baseline (+7%), which is likely partly an outcome of SCHHWI's efforts in those developments.

Figure 4



Quit Attempts

Forty-eight percent (48%) of smokers report they tried to quit in the previous 12 months, which compares to 56% in the baseline (see Figure 5). Eighty-seven percent (87%) of residents who tried to quit have made more than one quit attempt and 34% have made five or more quit attempts (see Figure 6).

Forty-two percent (42%) of current smokers report they are interested in quitting for good, while an additional 29% are on the fence (see Figure 7). These results suggest that considerable demand and need for cessation services continues to exist.

Figure 5

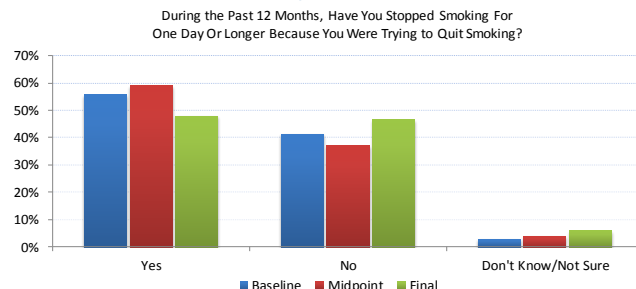


Figure 6

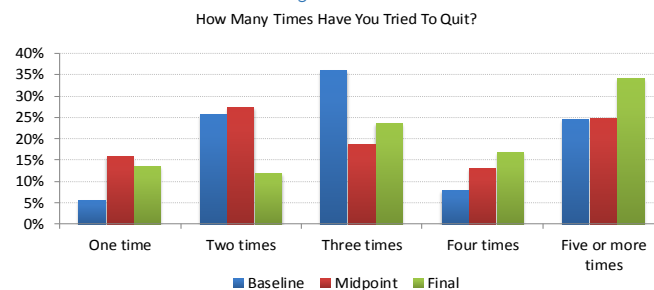
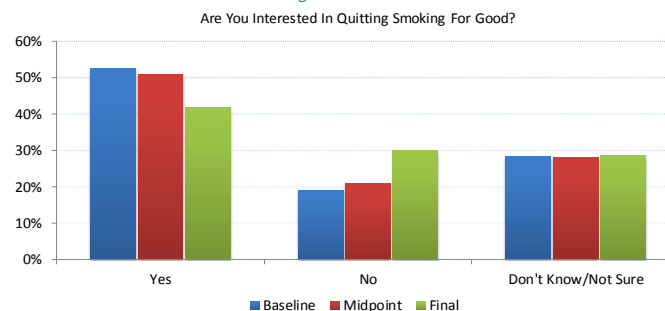


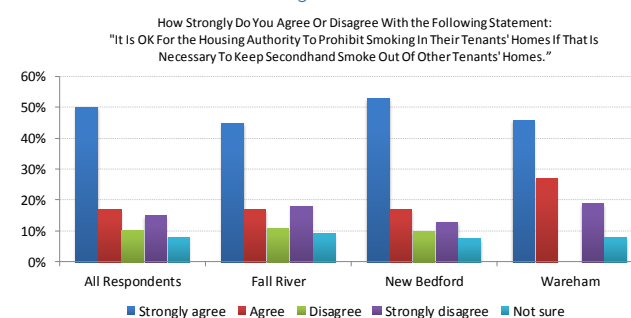
Figure 7



Smoking Policy

Half (50%) of respondents strongly agree that it is okay for their housing authority to prohibit smoking in tenants' homes, while 17% agree, 10% disagree, 15% strongly disagree, and 8% are not sure. Respondents in Fall River and Wareham are less supportive of the policy than respondents in New Bedford, which may be partly attributable to the fact that the New Bedford Housing Authority had already announced that it would be smoke free before the survey period (see Figure 8).⁹ Interestingly, many current smokers also support a no-smoking policy.

Figure 8



⁹ This question was asked on the baseline survey only.

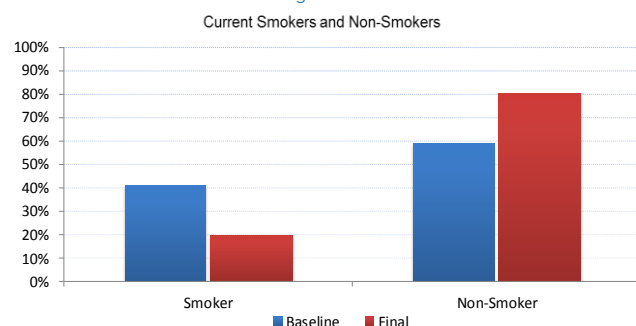
Employee Survey

Over 100 FRHA and NBHA employees were surveyed using a similar questionnaire similar to the resident survey to measure the success of SCHHWI's interventions.

Tobacco Use Current Smoking Habits

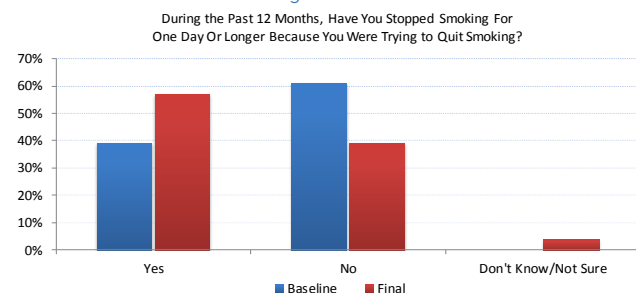
Twenty percent (20%) of respondents report they currently smoke, a decline of 21% from the baseline (see Figure 9). The decline in smoking rates from the baseline may be attributable to the NBHA smoking ban and initiatives by SCHHWI, although conclusions should be made with caution due to the relatively low number of respondents.

Figure 9



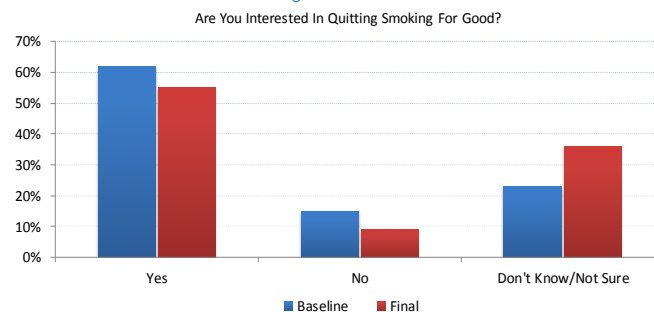
Fifty-seven percent (57%) of smokers report they tried to quit in the previous 12 months, which compares to only 39% in the baseline (see Figure 10).

Figure 10



Fifty-five percent (55%) of employees reported that they are interested in quitting for good (see Figure 11), which again suggests that considerable demand and need for cessation services continues to exist.

Figure 11



"Tobacco use is the leading cause of preventable illness and death in the United States. That's why it is so important for us to prevent youth from using tobacco products. 9 out of 10 smokers start using tobacco before the age of 18; this is why it is extremely important for our Peer Leaders to get out in the community to show their fellow youth that tobacco products are not good for their health."

- Tyler Araujo, STEP Peer advisor

3.0 BEHAVIORAL HEALTH CENTERS

SCHHWI staff worked closely with three of the region's behavioral health partners to address tobacco use and wellness: Fellowship Health Resources (FHR), High Point Treatment Center (HPTC), and Seven Hills Behavioral Health (SHBH).

3.1 Goals

SCHHWI's work with behavioral health centers is considered to be an "innovative strategy" by the Centers for Disease Control and Prevention. Specifically, the Initiative includes three goals related to behavioral health:

- Goal 1. By September 30, 2014, there will be a 16% increase in clients and employees of three behavioral health sites who want to quit, plan to quit, and try to quit smoking.
- Goal 2. By September 30, 2014, Seven Hills Behavioral Health and the Greater New Bedford Community Health Center will have implemented a new voluntary cross-referral policy to screen behavioral health clients for tobacco use and refer those clients to cessation programs, and co-locate a mental health counselor weekly in the health center.
- Goal 3. By September 30, 2014, three additional behavioral health facilities will have committed to voluntarily establishing a tobacco free campus, protecting at least 15,540 employees and clients annually.

3.2 Activities



- In the second year of funding under the SCHHWI subcontract, SHBH **made available a variety of educational and promotional materials and signage** to increase employee and client buy-in for the smoke-free movement. SHBH purchased several televisions and DVD players, along with a library of health and wellness DVDs that were played in waiting rooms to promote healthy lifestyle choices.
- SHBH consulted with the lead agency to **create signage** utilizing the identified campaign branding and these signs are now posted at various sites in English, Spanish, and Portuguese.
- SHBH **sent three clinical and medical staff persons to tobacco cessation treatment training** and is working on

the development of consistently offered tobacco cessation groups and the further integration of tobacco cessation information into the work environment.



- FHR Fall River Region purchased new **FHR/YMCA Breathe Right signage** as branding mechanisms and held a Healthy Staff Team Building event.
- FHR Fall River Region also utilized funds to **train pre-registration staff as tobacco treatment specialists** and held a Healthy Staff BBQ to highlight the importance of positive outcome measures related to health and wellness.
- In September 2014, FHR Fall River Region **implemented a new program** called "Health and Wellness Group," which is a day long program of health and wellness offered to all 100 individuals served in its Community Based Flexible Supports (CBFS) program. The day included group facilitators, FHR internal workforce members, and outside agencies.
- Other initiatives included **handing out awards to staff** who made significant health and wellness changes, as well as health and wellness gift bags for individuals served by FHR.
- FHR New Bedford Region **purchased health and wellness materials** to create wellness bags. The wellness bags included items that supported and encouraged healthy lifestyles and practices such as water bottles, stress balls, sugar free candy, and writing journals.
- FHR New Bedford Region also **participated in two Breathe Right grant surveys** and **organized and facilitated a "Walking for Wellness" group**. This group discussed healthy lifestyles and helped participants to identify achievable goals that focused on health and wellness.



- A management and clinical leadership team day was arranged and facilitated to discuss, train, plan, and increase knowledge regarding Health and Wellness practices.
- Two employees enrolled in the tobacco certification program facilitated by the University of Massachusetts. Based on the knowledge learned and the resources offered during this training, FHR New Bedford will be creating ongoing Health & Wellness groups focused on creating healthy lifestyles.



HELPING PEOPLE TO CHANGE

- Over the course of the grant, HPTC clients from the Outpatient Program located on Purchase Street in New Bedford completed a Nicotine Assessment as part of their initial diagnostic sessions. If interested in becoming tobacco free, the client was referred to the Greater New Bedford Health Center's Wellness Program. Approximately 30 people were referred over the project period.
- HPTC began offering a smoking cessation group in July, 2013. Six cessation groups and others are planned going forward.
- HPTC purchased a CO2 monitor to assist clients and staff in monitoring success in decreasing nicotine intake.

The Smoking cessation program has provided me with encouragement and literature that is helping me to reduce my smoking, and eventually quit smoking altogether. One of the positive aspects of the program was the personal attention and influence from one of the Champions and from the program sponsor.

Since the beginning of the program, I have reduced my smoking by half of my previous level. I have been keeping a journal that details when I smoke and what the triggers are. Since doing this, I have reduced my smoking even more. - Kathy

SUCCESS STORY

Shianna is 27 years old and resides in private multi-unit housing. She started smoking in her early 20's and smoked 4-7 cigarettes a day. Shianna decided that she would no longer spend money on a habit that could cause life threatening health problems not only to her, but to the people and loved ones around her. Through the efforts of SCHHWI and her doctor, Shianna has been smoke-free for 6 months now and has the support of friends and family who have encouraged her throughout the process. Shianna found that meditation, healthy eating, and exercise have motivated her to remain smoke-free.

3.3 Outcomes

Policy Outcomes



Over the project period, members of the Seven Hills Behavioral Health (SHBH) leadership team engaged in an ongoing dialog with various leadership teams regarding strategies for becoming a smoke-free campus. These conversations resulted in an affiliate-level policy review and analysis of the organization's different programs and the challenges that a smoke-free campus presents. A survey to gauge the interest of smoking cessation for current smokers was conducted among clients and staff at the Gifford Street Wellness and Recovery Center. The results of the survey were shared with the lead agency and are being used for planning purposes. SHBH has also worked with its software vendor to modify its medical record to capture information about smoking.

Additionally, Lee Dalphonse, Vice President of Seven Hills Behavioral Health, brought the conversation to the corporate-level through meetings of the Operational Vice

Presidents, facilitated by the Chief Program Officer and meetings of the Senior Leadership Team, facilitated by the Chief Executive Officer. Owing in part to the results of these meeting discussions, there is now a corporate-wide interest in moving toward smoke-free campuses in all programs of Seven Hills Foundation in Massachusetts and Rhode Island. To assist in developing informed strategies for this campaign, SHBH has consulted with the Massachusetts Tobacco Control Program and conducted reviews of relevant research to identify tactics and smoke-free policies that have been successful at other behavioral health organizations.



HPTC approved a smoke-free policy in May 2014 and integrated nicotine addiction assessment, education, and treatment into all levels of care. HPTC also identifies staff personnel to be designated tobacco service coordinators who participate in statewide meetings and assist in monitoring compliance with these guidelines. During 2014, two programs became totally tobacco free and two others are planned in the future. At the beginning of 2015, HPTC's Women's Addiction Treatment Center will be tobacco free and the new inpatient facility currently being constructed will be tobacco free. At all levels of care, HPTC clients and staff are encouraged to become nicotine free and offered a variety of tools to do so. HPTC also includes a regular column on Tobacco related issues in its newsletter, and its Reflections program includes a smoking cessation group for employees.

FOCUS ON PARTNERSHIPS

Yoga on Union is a small studio located in New Bedford dedicated to helping change the health behaviors of people in the community. Yoga on Union worked with SCHHWI and High Point Treatment Center to provide stress management and relaxation classes to High Point employees. In November 2013, staff visited HPTC once a week for six weeks. During these one hour classes, employees were taught stress reduction and relaxation techniques that they could use throughout the day.

Each employee involved in the program was attempting to quit smoking. This employee said that learning these relaxation techniques helped with cravings and helped in the process of quitting.

Behavioral Outcomes

- Goal I. By September 30, 2014, there will be a 16% increase in clients and employees of three behavioral health sites who want to quit, plan to quit, and try to quit smoking.

Client Survey

CFPA and SCHHWI's behavioral health partners conducted client surveys in the summer of 2013 to develop a baseline of smoking behaviors, exposure to secondhand smoke, and participation levels in tobacco cessation programs.¹⁰ These populations were again surveyed in August 2014 to measure change from the baseline that may have resulted from SCHHWI initiatives conducted during the project period.¹¹ The intended outcome is that the SCHHWI interventions conducted between the baseline and final surveys – promoting smoke-free environments in behavioral health settings - will have a positive effect on the post-survey group in terms of the percentage of

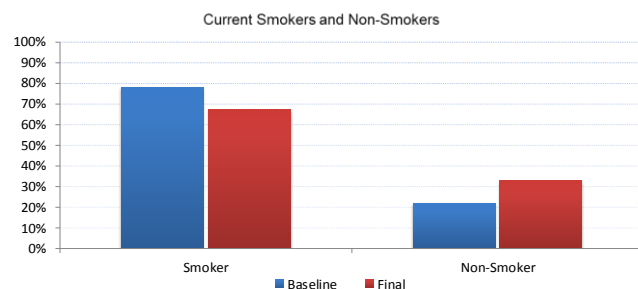
¹⁰ Although it is not a behavioral health facility, the Greater New Bedford Community Health Center (GNBCHC) also surveyed clients with a substance abuse or mental health issue. The identification of these clients was facilitated by a cross-referral process; the GNBHC screened for mental health and substance abuse and referred the client to one of the behavioral health centers. The behavioral health center then screened for other co-morbidities and smoking in particular, and referred back the Health Center. In addition, the Health Center and two additional behavioral health centers implemented a HEAL piece in their employee benefits, offering an incentive in their health insurance policy for smoke free employees and spouses.

¹¹ Initially, it was intended that a pretest-posttest experimental design would be implemented to track a cohort of behavioral health clients from the baseline (Q3) to final project period (Q8). However, there were logistical and privacy issues (e.g. HIPAA) that made this research design impractical. Instead, this research represents a population study of two separate groups of behavioral health clients (baseline and final).

behavioral clients who want to quit, plan to quit, and tried to quit smoking during the study period.

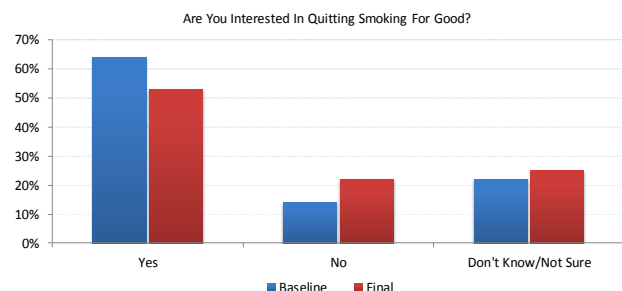
Overall, results of the client survey show a decline in the percentage of smokers from the baseline; 67% report they smoke in comparison to 78% in the baseline, which may partially be a result of SCHHWI interventions (see Figure 12).

Figure 12



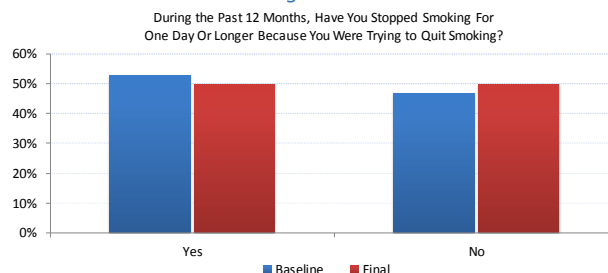
The percentage of clients who report they want to quit smoking declined by 11% from the baseline (see Figure 13). The decline may be a result of a lower percentage of smokers in the sample, which may be an indication that those most ready to quit already have, partly as a result of SCHHWI initiatives.

Figure 13



Among smokers, 50% report they stopped smoking in the past 12 months because they were trying to quit, which compares to 53% in the baseline (see Figure 14). This result shows that a significant number of behavioral health clients may be receptive to enrolling in a tobacco cessation program. In fact, 68% report they would enroll in a tobacco cessation program if offered the opportunity.

Figure 14



However, the gap between the percentage of behavioral health clients who are interested in participating in a tobacco cessation program and the percentage who actually do is significant; while 68% report they would participate, only 20% have actually done so (see Figure 15). In terms of referrals, while most behavioral health clients were referred by their doctor, the percentage who were referred by a behavioral health center increased by 14% over the SCHHWI project period (see Figure 16).

Figure 15

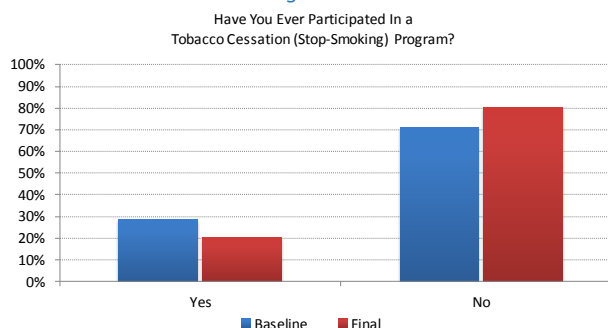
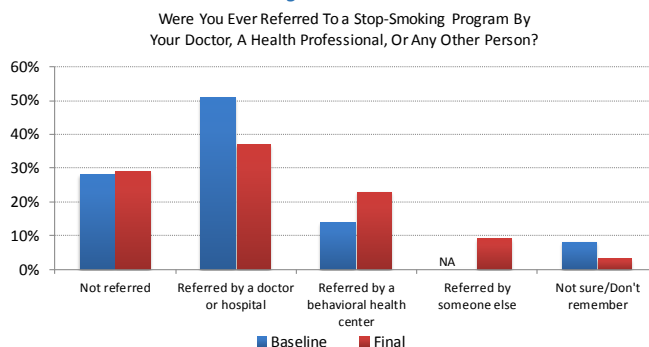


Figure 16

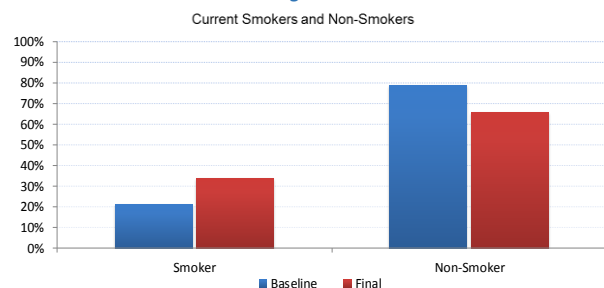


Employee Survey

CFPA and SCHHWI's behavioral health partners conducted employee surveys to develop a baseline of smoking behaviors, exposure to secondhand smoke, and participation levels in tobacco cessation programs. These populations were again surveyed in August 2014 to measure change from the baseline that may have resulted from SCHHWI initiatives conducted during the project period.¹²

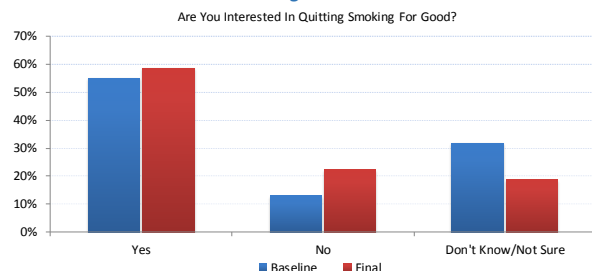
The percentage of employees reporting that they smoke increased by 13% from the baseline; 21% to 34% (see Figure 17).

Figure 17



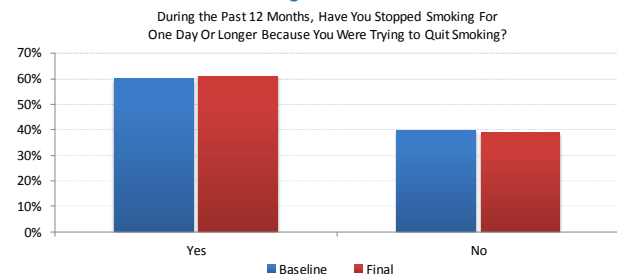
Among smokers, 59% report they are interested in quitting for good, which is just slightly higher than the baseline (see Figure 18).

Figure 18



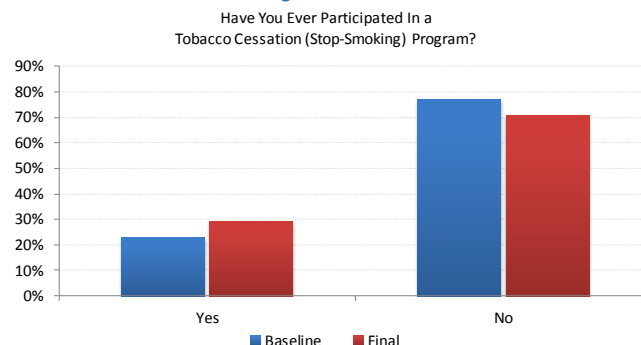
Among smokers, 61% report they stopped smoking in the past 12 months because they were trying to quit, just slightly higher than the baseline (see Figure 19).

Figure 19



Twenty-nine percent (29%) of respondents report they have participated in a tobacco cessation program, a slight uptick from the baseline (see Figure 20).

Figure 20



SUCCESS STORY

Shannon is 30 years old, and resides in public housing. When Shannon was growing up, her father smoked around her, and eventually Shannon began smoking socially with her friends. She started smoking when she was 18 years old, and smoked 7-10 cigarettes per day. She attempted to quit numerous times without nicotine replacement therapy and was encouraged by the SCHHWI Wellness Coordinator to speak with her doctor, who suggested using the nicotine gum to help soothe her cravings. Shannon has been smoke-free for 5 months now. Staying busy and going to the gym has helped her to remain smoke-free.

¹² Conclusions should be made with caution due to the low number of respondents.

Goal II: By September 30, 2014, Seven Hills Behavioral Health and the Greater New Bedford Community Health Center Will Have Implemented a New Voluntary Cross-Referral Policy to Screen Behavioral Health Clients for Tobacco Use and Refer Those Clients to Cessation Programs, and Co-Locate a Mental Health Counselor Weekly In the Health Center.

The cross-referral policy between Seven Hills and Greater New Bedford Community Health Center (GNBCHC) was instituted in Q3. Initially, Seven Hills sent a clinician to GNBCHC to provide behavioral health services and in return, the health center sent a staff member to Seven Hills to provide cessation classes. However, staff resources were redeployed after about a month when it was realized that there were not enough clients or employees in need of services to justify each organization co-locating a staff member. Thus, the original cross-referral system involving this staff exchange was replaced by an electronic cross-referral process in which each organization referred clients to the other partner, requiring clients to visit the partner organization rather than receiving services at the referring organization. There were over 100 documented referrals under this system from Q3 to Q8, although the actual number of referred clients who actually attended an appointment is not known. In addition, there were many public housing residents who chose not to complete the referral form and either walked- in or self-referred to treatment.



FOCUS ON PARTNERSHIPS

Greater New Bedford Health Center Cessation Work and Young House

The Greater New Bedford Community Health Center offered smoking cessation information for the residents at Young House in New Bedford. The Tobacco Treatment Specialists from the Health Center were on site at Young House to talk with residents about the benefits of quitting smoking and how they could help residents quit. Several residents enrolled in cessation classes at the Health Center.

Tobacco Treatment Specialists also started a smoker's support group at Young House, which was open to former smokers, smokers in the process of quitting, and friends and families of smokers.

Goal III: By September 30, 2014, Three Additional Behavioral Health Facilities Will Have Committed to Voluntarily Establishing a Tobacco Free Campus, Protecting at Least 15,540 Employees and Clients Annually.

Along with its four original behavioral health partners, SCHHWI also worked with two other behavioral health agencies; Kennedy-Donovan Early Intervention in New Bedford and Arbour Counseling in Fall River. With the assistance of SCHHWI staff. Both organizations instituted smoke-free policies, which affected approximately 860 employees and 1,300 clients.

4.0 PRIVATELY OWNED SUBSIDIZED MULTI-UNIT HOUSING

A primary goal of SCHHWI is to promote smoke-free policies and environments at privately owned and managed multi-unit housing complexes in Fall River, New Bedford, and Wareham. SCHHWI worked with 14 private multi-use housing properties over the project period, which primarily included subsidized housing, although some properties included a mix of subsidized and non-subsidized.

4.1 Goal

Goal 1: By September 30, 2014, 15 additional privately-owned, multi-unit housing properties (with 4 or more apartments) in Fall River, New Bedford and Wareham will be committed to going or have become smoke free, reducing environmental tobacco exposure for a minimum of 250 people.

4.2 Activities

- SCHHWI staff **identified champions** among property managers and owners who were likely to get engaged. Meetings and workshops were then held with these individuals to discuss strategies for moving to a smoke-free environment.
- “Breathe Better” signage was placed inside and outside of buildings.



- SCHHWI staff **provided on-site education** that revolved around healthy eating and active living. Wellness programs were conducted in the fitness centers of these facilities, which included a healthy eating message along with instruction on how to properly use the fitness equipment and a variety of exercises residents could do safely in their homes.



4.3 Outcomes

Smoke-Free Properties

SCHHWI worked with 14 private multi-use housing properties over the project period. At the end of the grant, nine of these properties were smoke-free, which affected 1,018 units and 1,525 residents (see Table 2).

Table 2

Site	Location	Number Units	Number Residents	Smoke-Free?
Bedford Towers	New Bedford	200	250	No
Borden East	Fall River	100	100	No
Borden West	Fall River	100	100	No
Curtain Loft	Fall River	97	130	Yes
Depot Crossing	Wareham	32	94	Yes
Monomet Place	New Bedford	76	98	Yes
Olympia Towers	New Bedford	200	225	Yes
Ships Cove	Fall River	125	175	No
Taber Mills	New Bedford	200	225	Yes
The Village	Wareham	50	108	Yes
Union Pond	Wareham	144	280	Yes
Whalers Place	Wareham	75	91	Yes
Woods at Wareham	Wareham	100	230	Yes
Young House	New Bedford	44	44	Yes

Resident Survey

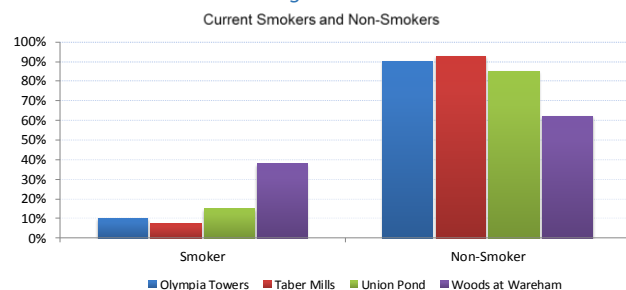
Resident surveys were conducted throughout the project period to measure smoking behaviors and support of smoke-free policies. Surveys were conducted at Olympia Towers, Taber Mill Apartments, Union Pond, and Woods at Wareham (see Table 3). Each questionnaire included a set of core questions, but also questions unique to each property.

Table 3

Property	# Surveys
Olympia Towers	40
Taber Mill Apts.	71
Union Pond	34
Woods at Wareham	45
Total:	190

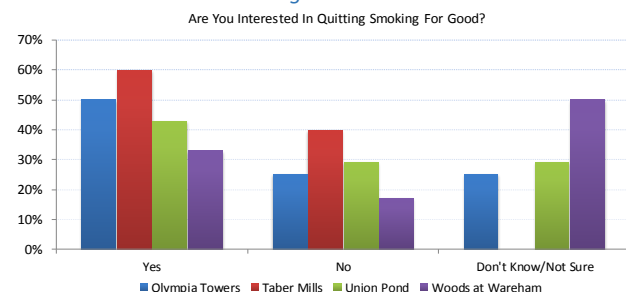
The percentage of smokers in the sample varies by property, with Woods at Wareham having the highest percentage of current smokers (see Figure 21).

Figure 21



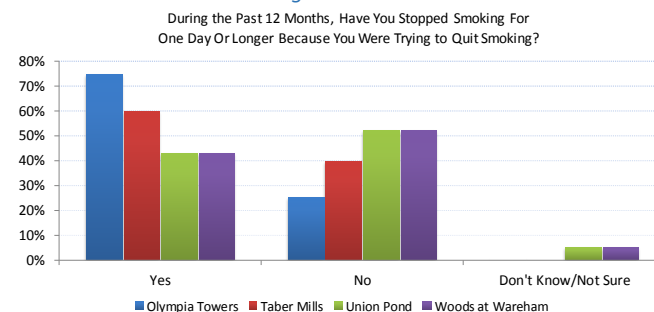
Among smokers, relatively high percentages of respondents report they are interested in quitting, although only a third of respondents from Woods at Wareham, which has the highest percentage of smokers, are interested in quitting (see Figure 22).

Figure 22



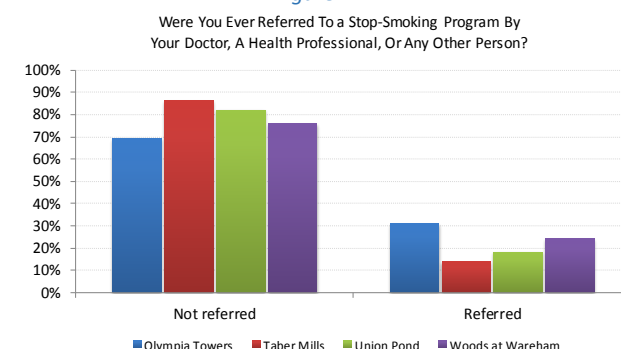
Relatively high percentages of smokers report they have stopped smoking in the past 12 months because they were trying to quit (see Figure 23). Many have made multiple quit attempts over this period. These results suggest that considerable demand and need for cessation services remains.

Figure 23



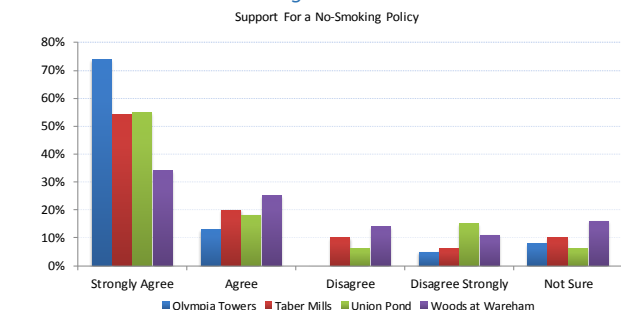
Despite the potential demand for cessation services, most respondents have never been referred to a stop smoking program by a doctor, health professional, or any other person (see Figure 24).

Figure 24



In terms of support for the adoption of a no-smoking policy in their development, most are supportive of such a policy, although only about a third of respondents from Woods at Wareham, which has the highest percentage of smokers, support a no-smoking policy (see Figure 25). Interestingly, many current smokers also support a no-smoking policy.

Figure 25



5.0 Regional Employers

SCHHWI staff worked with twelve regional employers to promote smoke-free policies and health and wellness activities in their workplaces. These businesses employed over 4,200 employees (see Table 4).

Table 4

Site	Location	Employees
A.D. Makepeace	Wareham	55
Coastline Elderly Services	New Bedford	175
Community Nurse and Hospice	New Bedford/Fall River/Wareham	270
Fellowship Health Resources	Fall River	624
Greater New Bedford CHC	New Bedford	115
High Point Treatment Center	New Bedford	115
Kennedy Donovan Center	Fall River/New Bedford/Wareham	800
Lafrance Hospitality	Fall River/New Bedford	500
NBAGLY	New Bedford	25
People Inc.	Fall River	600
Seven Hills Behavioral Health	New Bedford	600
YMCA Southcoast	New Bedford/Fall River/Wareham	350
Total:		4,229

5.1 Goals

- Goal I. By September 30, 2014, 5 regional employers will have voluntarily established tobacco-free campus policies, reducing secondhand smoke exposure for at least 2,650 employees and all others who are on their properties.
- Goal II. By September 30, 2014, at least five new employer sites will have each identified and committed to making one healthy eating and one active living (HEAL) environmental change, affecting 2,650 people.

5.2 Activities

- SCHHWI staff identified employer champions to be spokespeople for their business organizations. Meetings and workshops were then held to discuss strategies for moving to a smoke-free environment.
- SCHHWI staff provided technical assistance to employers that agreed to implement smoke-free campuses, in addition to other tobacco-free policies and cessation supports. For example:
 - People Inc. provided an 8 week on-site cessation program for employees.
 - A.D. Makepeace employees participated in a 10 week weight loss challenge. Sixteen employees participated and fourteen finished the program with a total weight loss of 105 pounds. Employees

also tracked their Body Mass Index (BMI) and Body Fat Percentage.

- Coastline Elderly developed and implemented a no-smoking policy, smoke-free campus policy, the introduction of a Smoking Cessation Resource Table, and installed no-smoking signage on all Coastline property. This has helped Coastline work to create a safer and healthier work environment for not only employees but clients as well.

PROGRAM FOCUS LAFRANCE HOSPITALITY

Lafrance hospitality is very dedicated to the well-being of their employees. This can be challenging because of the varied demographic background of their employees and the inconsistent shifts that they work. With the assistance of SCHHWI, Lafrance began 6 weeks of onsite fitness classes in May, 2013 that included kickboxing, cardio, and strength training.

In October 2013, Lafrance ran an 8-week individual weight loss challenge. Employees were required to weigh in once a week on the designated day and time. They had to weigh in every week in order to be eligible for the grand prize. The total pounds lost over the program was 50.8.

In April 2014, Lafrance offered a team team challenge that focused on weight loss, healthy eating, exercise, sleep, and drinking enough water. Teams earned points daily for engaging in these healthy behaviors. Overall, participants lost weight, changed eating habits, started exercising, and focused on making healthy choices daily.

As a result of its work with SCHHWI, Lafrance plans to move forward on building consistent worksite wellness programs and to find ways to reduce secondhand smoke exposure on their properties.

5.3 Outcomes

Seven SCHHWI employer partners voluntarily established tobacco-free campus policies, reducing secondhand smoke exposure for at least 3,144 employees and all others who are on their properties (see Table 5).

Table 5

Site	Date	Employees
A.D. Makepeace	April, 2014	55
Fellowship Health Resources	June, 2013	624
High Point Treatment Center	Aug, 2014	115
Kennedy Donovan Center	May, 2014	800
People Inc.	Jan, 2013	600
Seven Hills Behavioral Health	Jan, 2013	600
YMCA Southcoast	July, 2013	350
Total:		3,144

Seven employer sites identified and committed to making one healthy eating and one active living (HEAL) environmental change, affecting 2,004 employees (see Table 6).

Table 6

Site	Employees	HEAL Change
Coastline Elderly Services	175	Weight Loss Program on site
Fellowship Health Resources	624	Participate in Shape up RI
Greater New Bedford CHC	115	Wellness Programs on site
High Point Treatment Center	115	Weight loss/Stress/Cessation on site
NBAGLY	25	Wellness education on site
People Inc.	600	Worksite cessation offered
YMCA Southcoast	350	Healthy Meeting Policy
Total:	2,004	

Employee Survey

SCHHWI conducted employee surveys of five employers to document smoking behaviors, willingness to quit smoking, and demand for various health and wellness activities (see Table 7).

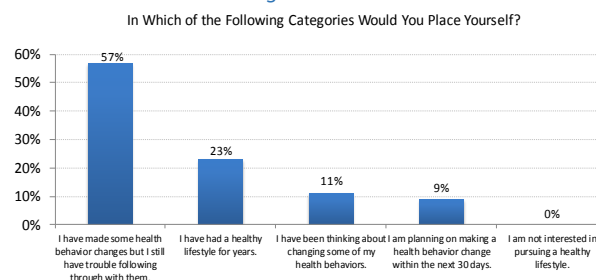
Table 7

Property	# Surveys
A.D. Makepeace	48
Arbour Health System	160
Blount Seafood	123
Lafrance Hospitality	134
North Atlantic Corp	41
Total:	506

Results of the surveys present a mixed bag of health and wellness levels among employees. Many report they are trying to exercise and eat healthy, although they have difficulty maintaining a healthy lifestyle. For example, 57% of respondents report that while they have made some health

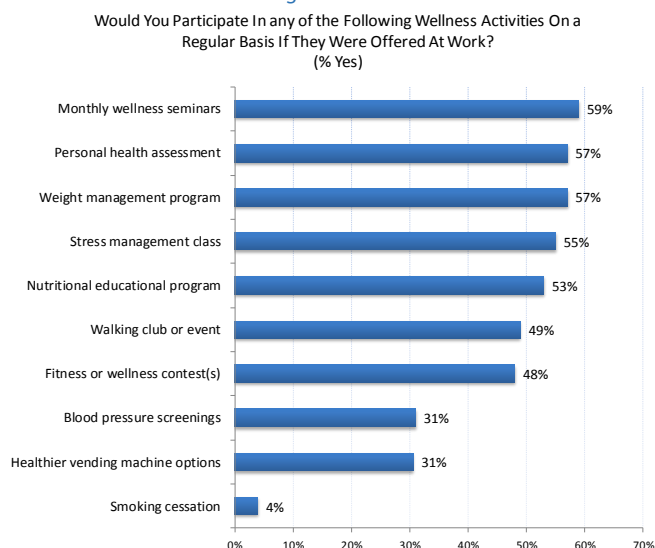
behavior changes, they have trouble following through on them (see Figure 26).

Figure 26



One of the primary obstacles reported by employees is that they do not have the time to eat healthy or to exercise, and that on-site wellness activities are one way to address that issue. Figure 27 lists the types of on-site wellness activities in which they would most likely participate. In addition, about 70% of respondents report they would be more likely to engage in workplace wellness if incentives were included such as paid time off, challenges (e.g. weight loss challenge), discounts to gyms, gift cards, and other incentives.

Figure 27



"I think if the company would institute some type of wellness program(s) I would definitely participate and I am sure there are many others who would also. As I get older I realize I really need to pay more attention to my health."

- A.D. MAKEPEACE EMPLOYEE

6.0 Focus Groups

Three focus groups were conducted with public housing residents in Fall River, Wareham, and New Bedford. The goal of the focus groups was twofold:

- To gauge the awareness of SCHHWI and participation in SCHHWI programs and activities among public housing residents, and
- To understand which types of SCHHWI outreach have been most effective and to use that knowledge to refine strategies going forward.

The following summary presents an overview of the major topics discussed during the sessions. There are some overarching themes among the three groups but also some specific ideas and suggestions unique to each group, primarily due to differences in the size and smoking policy of their respective housing authority; Fall River is a large housing authority with no smoking ban, New Bedford is a large housing authority with a smoking ban, and Wareham is a small housing authority with no smoking ban at the time the focus group was conducted.¹³



5.1 Common Themes

Tobacco Cessation vs. Health and Wellness

In general, public housing residents are less interested in tobacco cessation and more interested in overall health and wellness, including nutrition, weight loss, and chronic health issues such as asthma, diabetes, and heart disease. Many believe that the best strategy to address tobacco use is to subtly introduce the topic in the overall context of health and wellness, that is, a holistic approach to wellness rather than a

prescriptive anti-smoking approach. As one resident noted, the wellness approach is “like giving residents something” whereas with tobacco they feel like “someone is trying to take something away.” Another noted that wellness helps smokers to identify foods that trigger smoking and eliminating those from one’s diet can help to lessen the desire to smoke. Participants were less enthusiastic about strategies that might help the elderly to quit smoking, with most agreeing that convincing the elderly to try to quit is a very difficult task. It was universally agreed that targeting cessation to the elderly requires a different strategy.

Participation in Cessation Programs

There were only a handful of focus group participants who attended a cessation program through either SCHHWI or some other program. Participants suggested that cessation programs should be structured around a one-on-one approach that uniquely addresses each person’s addiction rather than a one size fits all approach.

Participants noted that resistance to quitting smoking is partly a behavioral health issue, with a high percentage of residents who smoke having some type of mental or behavioral disorder. Thus, in many cases tobacco is seen by both the individual and behavioral health professionals “as the least of their problems.” In addition, it was noted that tobacco use is often treated as a habit and not an addiction; residents are treated for drug or other behavioral issues but not tobacco.

Awareness and Marketing

Most focus group members participated in the SCHHWI sponsored health and wellness programs but in many cases are not aware that they are sponsored by SCHHWI; they associate the program with their respective Wellness Coordinator and/or Wellness Champions but do not realize that these individuals work under the umbrella of SCHHWI. Most have seen the SCHHWI logo on signs and billboards in various locations (including buses), but many say they didn’t connect that marketing with SCHHWI. However, the message of smoking and wellness was conveyed successfully in most cases, that is, participants understood the anti-tobacco or wellness message but not the group (SCHHWI) responsible. Almost all had seen SCHHWI’s Breath Better Smoke & Tobacco Free signs.

¹³ The New Bedford and Wareham groups also included non-resident participants; the New Bedford group included two individuals who worked at a behavioral health center and the Wareham group included two property managers of private multi-housing developments.

Strategies to Engage Residents in Smoking Cessation

Most participants agree that educating children regarding the harmful effects of tobacco is an effective way to get adult residents talking about tobacco use and cessation, both because of pressure (even guilt) exerted by their children and also as a means to get parents to attend SCHHWI-sponsored events. Additional suggested events focused on children include field days, video game nights, basketball games, and a bingo night. Because most parents will attend these events with their children, adults are more likely to be exposed to tobacco cessation and wellness messages rather than an adult-focused event that may not be well attended.

Another strategy discussed by focus group members is to have smoking cessation services provided by the Southcoast Health System Health Van. Currently, most public housing residents are referred to tobacco cessation classes at an off-site location at a future date. Many residents never act on the referral because they frequently change their mind during the lag in time or face transportation difficulties in getting to an off-site provider. Offering one-on-one on the spot cessation at the Health Van provides immediate access to tobacco cessation services. In addition, many participants expressed that they would prefer having a private conversation at the Health Van rather than their smoking being addressed in a group setting such as a smoking cessation class.

Smoking Areas and Smoking Ban

There are only certain areas in which residents can smoke in Fall River and Wareham. Some participants noted that there should be a clearer definition that distinguishes between the smoking and non-smoking areas. However, a majority seem to agree that residents ignore any policies in place and “pretty much smoke where they want to” including hallways and foyers.

Most of the New Bedford focus group members are in full support of the smoking ban that was implemented on Jan 1, 2014 by the New Bedford Housing Authority. However, many complained that the ban has simply moved people to smoke indoors, which ultimately increases their exposure to secondhand smoke as the smoke makes its way through vents, kitchen and bathroom etc. Although the policy is in place, participants noted that there didn’t seem to be much enforcement in place.

SUCCESS STORY

Nancy is 32 years old, and resides in public housing. She smoked a half pack per day for 15 years. Nancy is the mother of two young children, and when she found out that her smoking was triggering her daughter’s asthma attacks, decided she would no longer smoke for the health and safety of her children. She participated in Tobacco Cessation programming offered at the NBHA, received cessation education and soon after decided to quit “cold turkey”. She did not use NRT, but slowly began decreasing her smoking until she finally gave cigarettes up completely. Nancy has been smoke-free for 4 months now, and her children are still her number one motivators to remain smoke-free.

APPENDIX A: SCHHWI PARTNERS

Partner Name	Partner Type
American Cancer Society	Healthcare
Boston Land Co Management	Private Multi-Unit Housing
Cape Cod Regional Tobacco Control Program	Public Health
Community Nurse and Hospice Care of SE Mass	Healthcare
Corrigan Mental Health Center	Mental Health Center
Curtain Loft	Private Employer
Fall River Housing Authority	Public Housing
Fellowship Health Resources	Behavioral Health
Greater New Bedford Community Health Center	Community Health Center
Halkeen Properties	Private Multi-Unit Housing
Health First Family Care Center	Community Health Center
Health Resources in Action	Public Health
Healthy City Fall River	Community Health Center
High Point Treatment Center	Behavioral Health
Immigrants Assistance Center	Cultural/Ethnic
Interchurch Council	Faith-Based
Joseph Abboud Manufacturing	Private Employer
Kennedy Donovan Center	Developmental Disabilities
Mass In Motion New Bedford	Public Health
Monomet Place	Private Multi-Unit Housing
New Bedford Rehabilitation Hospital	Private Employer
New Bedford Housing Authority	Public Housing
Olympia Towers	Private Multi-Unit Housing
Peabody Properties Inc.	Private Multi-Unit Housing
RAPPP Program	Youth Prevention
Seven Hills Behavioral Health	Behavioral Health
Seven Hills Foundation	Behavioral Health
Southcoast Cardiac Prevention Program	Healthcare
Southcoast Hospital Group	Healthcare
Southcoast Worksite Health and Wellness Collaborative	Behavioral Health
Stanley Street Treatment and Resource Center (SSTAR)	Behavioral Health
Taber Mills Housing Development	Private Multi-Unit Housing
The Cedars Assisted Living	Private Multi-Unit Housing
Tobacco Free Community Partnerships	Public Health
Town of Wareham	Government
UMASS Dartmouth Center for Policy and Analysis	Education
United Interfaith Action	Faith-Based
Voices for a Healthy Southcoast	Community Coalition
Woods of Wareham Housing Development	Private Multi-Unit Housing
YMCA Southcoast	Private Employer
Young House Housing Development	Private Multi-Unit Housing

APPENDIX B: SCHHWI LEADERSHIP TEAM

Name	Title	Agency
Michael Aguiar	Director	SSTAR Youth Programs
Esperanza Alejandro-Berube	ROSS Coordinator	New Bedford Housing Authority
Valerie Bassett	Project Advisor	Prevention Strategies
Steven Beauregard	Executive Director	New Bedford Housing Authority
Jamie Berberena	Wellness Educator	YMCA Southcoast
Nancy Bonell	VP, COO	YMCA Southcoast
David Borges	Assistant Director	UMass Center for Policy Analysis
Angela Bras	Worksite Wellness Coordinator	Healthy City Fall River
Dorothy Cabral	LPN, CTTS	Greater New Bedford Community Health Center
Daphne Carvalho	RN, CTTS-M	Greater New Bedford Community Health Center
Bob Collett	Director	Cape Cod Regional Tobacco Control Program
James Comer	Director of Field Operations	Fall River Housing Authority
Christina Connolly	Assistant Chief of Staff	City of New Bedford Mayor's Office
Erin Corriveau	Benefits Coordinator	High Point Treatment Center
Judith Coykendall	Program Director	Seven Hills Behavioral Health
Nicky D'Abrosca	Wellness Advisor	YMCA Southcoast
Helena Da Silva-Hughes	Executive Director	Immigrants Assistance Center
Colleen Dawicki	Program Manager	UMass Center for Policy Analysis
Joyce Dupont	Director	Wellness Connection, GNBHC
Jennifer Fagan	COO	Community Nurse & Hospice
Janet Feingold	VP, COO	High Point Treatment Center
Kimberly Ferreira	Dietician	Coastline Elderly Services
Cindy Guilbeault	Coordinator	SouthCoast RAPP
Pauline Hamel	Project Coordinator	Mass in Motion New Bedford
Marisol Jorge	ROSS Coordinator	New Bedford Housing Authority
Billy Junkins	Youth Services Coordinator	Southcoast Hospitals
Mary Kavanaugh	RN, TTS	Health First
Kerry Mello	Community Benefits Manager	Southcoast Hospitals Group
Kimberly Mello	New Bedford Regional Director	Fellowship Health Resources, Inc.
Maria Mojica	ROSS Coordinator	New Bedford Housing Authority
Kristen Moniz	Program Director	High Point Treatment Center
Sherrie Nobrie	Executive Assistant	New Bedford Housing Authority
Donna Querim	SouthCoast Cardiac Prevention Program	Southcoast Hospitals Group
Alice Rebelo	Project Manager	YMCA Southcoast
Diane Rocha	ROSS Coordinator	New Bedford Housing Authority
Gail Roderiques	Wellness Champion	YMCA Southcoast
Gary Schuyler	President, CEO	YMCA Southcoast
Pam Sequeira	Executive Director	Wareham Housing Authority
Denise Silva	Regional Director	Fellowship Health Resources
Alicia Thatcher	Wellness Educator	YMCA Southcoast
Kelsey Torres	Youth Educator	Southcoast Hospitals Group
Dave Weed	Coordinator	Healthy City Fall River
Tammy Wunschel	Program Director	Kennedy Donovan Center